

FREDERICK COUNTY PUBLIC SCHOOLS/FREDERICK COUNTY HEALTH DEPARTMENT AUTHORIZATION FOR MANAGEMENT OF ANAPHYLAXIS This order is valid only for the current school year _____ (Including Summer Session) Epinephrine injections are usually administered by school health staff. In the event that health staff is unavailable, the epinephrine injection will be administered by an FCPS employee. The employees are trained by a registered nurse to give the injection. ●911 will be called while the student, health staff or school staff administers the epinephrine. ●Carefully review the reverse side of this form before completion.			
Name:		Date of Birth:	
		Grade:	
HEALTH CARE PROVIDER AUTHORIZATION			
Allergies:			
Type:		Dose:	
Route:			
Epinephrine:	<i>single dose auto-injector only</i>	<input type="checkbox"/> 0.15 mg <input type="checkbox"/> 0.30 mg	IM
Adjunct Medications:	Antihistamine <input type="checkbox"/> Diphenhydramine <input type="checkbox"/> _____	<input type="checkbox"/> 12.5 mg <input type="checkbox"/> 50 mg <input type="checkbox"/> 25 mg <input type="checkbox"/> _____mg	Oral
	Inhaler <input type="checkbox"/> Albuterol <input type="checkbox"/> _____	<input type="checkbox"/> 2 puffs <input type="checkbox"/> _____	Inhalation
	Other <input type="checkbox"/> _____	<input type="checkbox"/> _____mg	Oral
<input type="checkbox"/> Yes <input type="checkbox"/> No Repeat epinephrine dose in _____ minutes if EMS has not arrived* * Parent/guardian must provide second dose of epinephrine for school.			
Medication to be Administered: <input type="checkbox"/> Epinephrine only <input type="checkbox"/> Epinephrine and then adjunct medication(s) _____ minutes after epinephrine. <input type="checkbox"/> Adjunct medication(s) and then call parent/guardian to pick up student from school. <u>Proceed with epinephrine if 1 or more</u> of the following signs/symptoms is seen: MOUTH: <i>itching, tingling, swelling of lips or tongue.</i> RESPIRATORY: <i>difficulty breathing, chest tightness, audible wheezing, systemic hives, or vomiting</i>			
Administer Medication: <input type="checkbox"/> Immediately after insect sting/bite (specify): _____ <input type="checkbox"/> Immediately after the ingestion of (specify): _____ <input type="checkbox"/> Immediately after contact with (specify): _____ <input type="checkbox"/> Unknown etiology			
Is student competent to self-carry emergency medications? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is student competent to self-administer emergency medications? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Possible Medication Side Effects: <u>Epinephrine:</u> <i>palpitations, rapid heart rate, sweating, nausea and vomiting</i> <u>Antihistamine:</u> <i>drowsiness, sedation, sleepiness, dizziness, restlessness, hypotension, palpitations</i> Other: _____			Health Care Provider Stamp
Health Care Provider's Name/Title: (please print)			
Phone:		Fax:	
Address:			
Health Care Provider's Signature:			Date:
PARENT/GUARDIAN AUTHORIZATION			
I request designated personnel to administer the medication as prescribed by the health care provider above. I certify that I have legal authority to consent to the administration of medication at school and understand that the health care provider will be contacted if questions arise regarding the student's medication order.			
Primary Contact Phone:		2nd Phone:	
Parent/Guardian Signature:			Date:
REGISTERED NURSE REVIEW / AUTHORIZATION			
Is student competent to self-carry emergency medications? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is student competent to self-administer emergency medications? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Registered Nurse Signature:			Date:

IMPORTANT INFORMATION for Parents/Guardians and Health Care Providers

An acute allergic reaction can be a life-threatening situation. Completion of this form is vital so that epinephrine can be administered and emergency care implemented.

1. Medications:
For the safety of all students and staff, single dose auto-injectors will only be accepted to reduce the potential for unintentional injury from needle sticks.
 - a. Prescription medication(s) must be in a container labeled by the pharmacist with the student's name, prescriber's name, name of medication, dosage, route, directions for administration, conditions for storage, prescription date and expiration date. *Maryland law allows prescription medication to be used only for 1 year beyond date of issue or expiration date indicated on the medication—whichever comes first.*
 - b. Over-the-counter medication(s) must be provided to the school in the original sealed container.
2. Parent/guardian responsibilities:
 - a. Provide a new medication prior to the expiration date on the pharmacy label or the over-the-counter medication container.
 - b. Provide the medication(s) for the duration of the order.
 - c. Bring the medication to school. FCPS regulation 400-23 states that students are not permitted to transport medications, unless authorized to self-carry.
 - d. Retrieve any unused or discontinued medication(s). No medications will be sent home with students.
3. Student Self-Carry and/or Self-Administer:
 - a. The health care provider and registered nurse must indicate whether the student is competent to self-administer and/or self-carry, if needed.
 - b. If competent to self-carry and/or self-administer, the registered nurse will work with the student and parent/guardian to develop a Plan for Medication/Treatment Management Outside the Health Room.
4. The registered nurse must review and approve these forms prior to administration.

NOTE:

For the safety of the student, the parent/guardian must pick the student up from school when any adjunct medication is given without epinephrine for students with a diagnosis of Anaphylaxis.